



Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866

(360) 236-4785 (A-L)  
(360) 236-4784 (M-Z)

## Physician Assistant Practice Plan

Physician Assistant Name: \_\_\_\_\_ License #: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Supervising Physician's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Physician Group: \_\_\_\_\_  
(IF APPLICABLE)

Primary Practice Address: \_\_\_\_\_  
(FOR SUPERVISING PHYSICIAN)

### Practice Site: (Mark all that apply.)

1. ☐ A The PA will be in the same practice site as the supervising physician. When the PA is on duty, the supervising physician or the alternate physician(s) will be available for on-site supervision or telephone consultation at all times.
- ☐ B The PA will be practicing in a remote site. If applicable, complete the attached Remote Site Request Form. WAC 246-918-12091 states: "A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee."
2. Will the PA be practicing within a physician group? ☐ Yes ☐ No  
(If Yes, only one supervising physician needs to be designated for each physician group.)

### Supervision:

Excluding this applicant, how many PA-Cs, PAs, or PASAs does the supervising physician supervise? If the addition of this physician assistant will exceed the supervision or sponsorship of three physician assistants, provide written justification, as well as how supervision and consultation will be accomplished. WAC 246-918-090 states: "No physician shall serve as primary supervisor or sponsor for more than three licensees without authorization by the commission." \_\_\_\_\_ (INDICATE TOTAL)

### Periods Of Absence:

Period of Absence/Vacation (Check one.)—This section applies to both remote and direct supervision practices. When the supervising physician is away from the office or practice location for any period of time, including vacation, continuing education or illness:

- ☐ a designated alternate physician(s) will supervise the PA at all times in accordance with this practice description.
- ☐ The PA will cease to function as such, as no alternate supervisor has been designated.

## Chart Review:

Chart review—Every written entry shall be reviewed and countersigned by the supervising physician or the designated physician(s) within **two working days** unless otherwise approved by the Commission. *(If more than two working days are needed, please explain in detail.)*

## Practice Plan:

**NOTE: Guideline for physician supervisors of physician assistants and certified physician assistants:** No physician who is designated as a sponsoring, supervising or alternate physician for any physician assistant shall allow that physician assistant to practice in any area of medicine or surgery that is beyond said physician's own usual scope of expertise and practice. *(WAC 246-918-130(5) states "It shall be the responsibility of the physician assistant and the supervising physician to ensure that adequate supervision and review of the work of the physician assistant are provided.")*

All physician assistants **must** practice within the defined levels of supervision as stipulated in the Standardized Procedures Reference and Guidelines. If the PA will practice beyond the Guidelines, please attach a summary of training, demonstrated competence, etc. related to those procedures for approval.

**Practice Settings:** *(Complete both MD and PA sections applicable to this practice plan.)*

Site	% of Time for PA	% of Time for MD
Hospital	_____	_____
Office	_____	_____
Emergency Room	_____	_____
Other _____	_____	_____
	Total: _____ 100% _____	Total: _____ 100% _____

## Termination:

We agree that if the practice plan is terminated, both the supervising physician and physician assistant-surgical assistant must notify the Department of Health in writing of that termination. *WAC 246-918-110 states: "Upon termination of the working relationship, the sponsoring or supervising physician and the licensee are each required to submit a letter to the commission indicating the relationship has been terminated and may summarize their observations of the working relationship. Exceptions to this requirement may be authorized by the commission or its designee."*

\_\_\_\_\_

We, the undersigned, hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing information in the practice plan is correct to the best of our knowledge and belief. We further certify that we have reviewed the current statutes, rules, and regulations of Washington State pertaining to physician assistant-surgical assistants (WAC 246-918-250 and 246-918-260) and the practice description and understand our duties and responsibilities as outlined in WAC 246-918. *Chapter 18.71A.050 states: "The supervising physician and physician assistant shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in RCW 18.71.011 when performed by the physician assistant."*

PRINT NAME	SIGNATURE OF PHYSICIAN ASSISTANT	DATE
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PRINT NAME	SIGNATURE OF SUPERVISING PHYSICIAN	DATE
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PRINT NAME	SIGNATURE OF ALTERNATE PHYSICIAN (NOT APPLICABLE IF GROUP PRACTICE)	DATE
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Washington State Department of  
Health  
Medical Quality Assurance Commission  
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## **Physician Assistant Standardized Procedures Reference and Guidelines**

**NOTE: Guideline for physician supervisors of physician assistants and certified physician assistants:** No physician who is designated as a sponsoring, supervising or alternate physician for any physician assistant shall allow that physician assistant to practice in any area of medicine or surgery that is beyond said physician's own usual scope of expertise and practice.

The following is a list of Commission approved procedures for physician assistants. Physician assistants may provide those services that they are competent to perform based on their education, training, and experience. The supervising physician(s) and the physician assistant shall determine which procedures may be performed and the degree of supervision to which the physician assistant performs the procedure.

If the physician assistant is being trained to perform additional tasks beyond those authorized as listed below, such training may be carried out only with the direct, personal supervision of the supervising physician or a qualified person designated by him or her. The supervising physician and physician assistant must jointly submit a letter documenting that the physician assistant has been trained in that procedure and that competence has been adequately tested. Requests for approval for newly acquired skills may be considered by a Reviewing Commission Member or at any regular meeting of the Commission.

### **Exams**

Physician assistants may perform histories, physical exams, diagnosis and formulate treatment plans in settings to include, but not limited to: office, hospital, emergency room, nursing home and patient's homes.

### **Prescriptive Authority**

The physician assistant may request approval by the Commission to order, administer and dispense legend drugs, to include Schedule II-V Controlled Substances. A separate form is required

### **Procedures And Supervision**

The Commission has used the following number system and definitions to define levels of supervision:

- 1 = Performs under the general supervision of the responsible physician, but does not require any immediate contact under normal circumstances.
- 2 = Performs with the knowledge and concurrence of the physician. The physician must be available for consultation, but need not be present in the room when the services are being performed.
- 3 = Perform tasks with the physician.

## **Medical And Surgical Procedures**

- 1 Blood drawing
- 1 Injections, including intravenous medications
- 2 Joint injections and taps
- 2 Biopsies
- 2 Excise and treat warts, cysts and lesions
- 3 Aspirate breast mass
- 1 Incise and drain abscesses
- 1 Insert and remove drains
- 1 Non-podiatric footcare
- 1 Treatment of ingrown toenails
- 1 Cryotherapy
- 1 Fluorescein stain eyes
- 1 Tonometry
- 1 Pack bleeding noses
- 1 Cerumen extraction
- 1 Remove foreign bodies
- 1 Wound debridement
- 1 Insert and remove of central catheters
- 1 Treatment of pilonidal cyst with abscess
- 2 Sclerosis or removal of lower extremity varicose veins
- 1 Treatment of hemorrhoids, anal fissures, peri-anal abscesses

## **Emergency Procedures**

- 1 Cardioversion
- 1 Cardiac resuscitation
- 1 Initiate and run a "Code Blue"
- 1 Intubation
- 1 IV Cutdowns
- 1 Treat poisoning
- 1 Treat burns
- 1 Nasogastric tube insertion

## **Diagnostic And Therapeutic Procedures**

- 1 CBC
- 1 Anoscopy
- 1 Gram stains, wet mount, KOH prep and darkfield microscopy
- 1 Urinalysis
- 1 Throat cultures
- 1 Serum glucose determination
- 1 Pregnancy tests
- 1 Pap smears
- 1 Obtain and interpret EKG's
- 2 Exercise stress testing

## **Diagnostic And Therapeutic Procedures (Continued)**

- 2 Pulmonary function testing
- 2 Perform and interpret radiological procedures including performing and reading X-rays
- 1 Diagnostic and therapeutic ultrasound
- 2 Ordering or infusing chemotherapy agents
- 2 Sigmoidoscopy—Flexible or Rigid
- 1 Bladder catheterization and taps
- 3 Urethral dilation
- 2 Spinal taps
- 1 Diathermy
- 2 Thoracentesis

## **Orthopedic Procedures**

- 2 Reduce fractures and dislocations
- 1 Excision of dorsal ganglion upper extremity
- 2 Tendon repair—upper extremity extensor tendon repair
- 1 Cast application and removal
- 1 Apply traction
- 1 Apply spicas
- 1 Place and remove pins, wires or screws
- 1 Fit braces
- 1 Physical therapy

## **Obstetrics-Gynecology Procedures**

- 1 Prenatal care and deliveries
- 1 Birth control
- 2 Insert and remove IUD's
- 2 Insert and remove Norplant
- 2 Endometrial, cervical and vulvar biopsy
- 2 Colposcopy

## **Major Surgery**

- 1 Pre and post-op care
- 1 Surgical assisting
- 1 Suturing, including major lacerations
- 1 Wound debridement
- 1 IV cutdown
- 2 Vein harvesting
- 1 Closure
- 3 Intensive care
- 2 Circumcision
- 2 Vasectomy

## **Hospital Procedures**

- 3 Paracentesis
- 3 Place and remove chest tubes
- 1 Injection of antibiotics into chest tubes
- 1 Insert & remove catheters, including Foley
- 3 Insert & remove arterial lines
- 3 Insert & remove Central Venous Pressure lines
- 3 Insert & remove Swans-Ganz catheters
- 2 Order blood & components, hyperalimentation
- 2 Take emergency room call

## **Psychiatric Evaluations, Counseling And Patient Education**

- 1 Behavior modification
- 1 Sexuality counseling
- 1 Sexual assault counseling
- 1 "Social Work" (housing and food)
- 1 Nutritional counseling
- 1 Long and short term therapy
- 1 Crisis intervention and referral
- 1 Chemical dependency counseling, treatment

## **Anesthesia Procedures**

- 1 Topical
- 1 Local
- 2 Infiltrative
- 3 Ophthalmic
- 3 Blocks, such as:
  - digital
  - ulnar
  - radial
  - pudendal
  - cervical
  - paracervical
- 2 Joint injection

## **Administrative Procedures**

- 1 Admissions
- 1 Discharge summaries
- 1 Pronouncing & documenting death
- 1 Labor & Industries examinations and certifications
- 1 Department of Transportation physicals



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## Physician Assistant Request For Prescriptive Authority For Controlled Substances

**Please Note:** This is authorization by the Commission to prescribe controlled substances, NOT approval of a DEA license. To obtain an application for a DEA license, please call (206) 553-4040.

I hereby request the Medical Quality Assurance Commission grant prescriptive authority for the Controlled Substances as marked below (Please "X" appropriate category or categories—**NOTE**, if you wish to request Schedule II through V, you must mark **EACH** Schedule):

- Schedule II ☐ The Substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant, and depressant drugs. Some examples of Schedule II narcotic controlled substances are: opium, morphine, codeine, hydromorphone (Dilaudid), methadone, pantopon, meperidine, (Demerol) cocaine, oxycodone (Percodan), anileridine (Leritine), and oxymorphone (Numorphan). Also in Schedule II are amphetamine (Benzedrine, Dexedrine), methamphetamine (Desoxyn), phenmetrazine (Preludin), methylphenidate (Ritalin), amobarbital, pentobarbital, secobarbital fentanyl (Sublimaze), etorphine hydrochloride, glutethimide (Doriden), pnenylacetone, and phencyclidine.
- Schedule III ☐ The Substances in this schedule have an abuse potential less than those in Schedule I and II, and include compounds containing limited quantities of certain narcotic drugs, and non-narcotic drugs such as: derivatives of barbituric acid except those that are listed in another schedule, methypylon (Noludar), nalorphine, benzphetamine, chlorphentermine, clortermine, phendimetrazine, and paregoric. Any suppository dosage form containing amobarbital, anabolic steroids (Methyltestosterone, Nanrolone, Testosterone), secobarbital, or pentobarbital is in this schedule.
- Schedule IV ☐ The Substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: barbitol, phenobarbital, methylphenobarbital, chloral hydrate, ethchlorvynol (Placidyl), ethinamate (Valmid), meprobamate (Equanil, Miltown), paraldehyde, methohexital, fenfluramine, diethylpropion, phentermine, chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), clorazepate (Tranzone), flurazepam (Dalmane), clonazepam (Clonopin), prazepam (Verstran), alprazolam (Xanax), halazepam (Paxipam), temazepam (Restoril), triazolam (Halcion), lorazepam (Ativan), mebutamate, dextropropoxyphene (Darvon), and pentazocine (Talwin-NX).
- Schedule V ☐ The Substances in this schedule have an abuse potential less than those listed in Schedule IV and consist of preparations containing limited quantities of certain narcotic drugs generally for antitussive and antidiarrheal purposes.

I understand that I may not prescribe controlled substances unless **specifically** approved by the Commission.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMMISSION MEMBER OR DESIGNEE

\_\_\_\_\_  
DATE